

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026100

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

842

STATE FILE NUMBER

VS 300
Rev. 4/59

15117

25117

3

4

5

6

7

8

92021

10

11

1290-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

R. Weed, M.D.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY *Buchanan*

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Joseph*

Length of stay in lb
52 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *711 Thompson Street*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Missouri* b. COUNTY *Buchanan*

c. CITY OR TOWN *St. Joseph* Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
711 Thompson Street Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print) First *Waldo* Middle *Clare* Last *Dennis*

4. DATE OF DEATH Month *July* Day *14* Year *1962*

5. SEX *Male*

6. COLOR OR RACE *White*

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH *Sept. 29, 1895*

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10b. KIND OF BUSINESS OR INDUSTRY
Retail Furniture

11. BIRTHPLACE (City and state or country)
Blocton, Iowa

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Garry Dennis

13b. MOTHER'S MAIDEN NAME
Ada Cline

14. NAME OF HUSBAND OR WIFE
Bernice Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) *Yes* (If yes, give war or dates of service)
World War I

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Bernice Dennis 711 Thompson Street

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *retroperitoneal lymphoma*

INTERVAL BETWEEN ONSET AND DEATH
5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *19 May 1962* to *7 July 1962* and last saw her alive on *7 July 1962*
Death occurred at *6:00 a* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Randall Weed, M.D.* (Degree or title)

22b. ADDRESS *702 Julia St., Saint Joseph, Missouri* 22c. DATE SIGNED *18 July 1962*

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cemetery

23d. LOCATION (City, town, or county)
St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS
Clark Funeral Home St. Joseph, Mo.

25. DATE REC'D. BY LOCAL REG.
July 20, 1962

26. REGISTRAR'S SIGNATURE
Miss. Clark Goodell

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 25 1962

OCT 2 1962

Alvin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Alvin C Bazar*

Licensed Embalmer No. 4795

P. O. Address *Sojanehn Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.